MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04174

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): adult life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mill St	STREET ADDRESS (If rural, give location): Mill St.

3. NAME OF DECEASED (Type or Print)	(First) Paul	(Middle) N.	(Last) Adams	4. DATE OF DEATH (Month) April (Day) 8, (Year) 1950 19
5. SEX: Male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 19, 1882	9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superentendent of Heating Gas Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): New Jersey	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Adams		14. MOTHER'S MAIDEN NAME: Sofia Jerue		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: 212-10-9009	17. INFORMANT AND ADDRESS: Mrs. Rachael Adams Chestertown, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	7 weeks
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	2 or 3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1950, to 4/8, 1950, that I last saw the deceased alive on 4/8/, 1950, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Scott Barnes	MD	Chestertown, Md.	April 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Apr. 11, 1950	NAME OF CEMETERY OR CREMATORY: Chester Cemetery	LOCATION (City, town, or county) (State): Chestertown, Md.
DATE REC'D BY LOCAL REG.: April 10-1950	REGISTRAR'S SIGNATURE: Clara S. Barnes	24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md.	ADDRESS

156 V4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 12 1950
BUREAU

04175

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; LENGTH OF STAY (in this place): All Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; STREET ADDRESS (If rural, give location): 10a College Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Bowers (Last)

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 15 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (retired) Blind

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Snow Hill Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Harriet W. Vickers Jr. - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Arteriosclerotic Heart Disease

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1950, to April 10, 1950, that I last saw the deceased alive on April 10, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE: John L. Williams (Degree or title) M.D. ADDRESS: DATE SIGNED: 4-10-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Wed. Apr. 12/50 | NAME OF CEMETERY OR CREMATORY: Chestertown | LOCATION (City, town, or county) (State): Chestertown Kent Co. Maryland

DATE REC'D BY LOCAL REG.: April 11-1950 | REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR: Marion V. Williams - Chestertown Md. ADDRESS:

000VV

Ethel Johnson George Bowen

No College are

Donna - George Bowen

RECEIVED
APR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:
County: Kent Worton R F D Md
City or town: Rural Worton Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 1/2 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rural Worton Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Worton Rural Worton Md
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Sarah Rebecca Ford

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	C	Married

6.(b) Name of husband or wife: William A Ford
6.(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Jan 14 1869

8. AGE:

Years	Months	Days	If less than one day
81	2	19	..... hrs. ..... min.

9. Birthplace: Kennedyville Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
12. FATHER — Name: John Lowell
13. FATHER — Birthplace: Kent Co Md
14. MOTHER — Maiden name: Hester Brown
15. MOTHER — Birthplace: Kent Co. Md
16. Informant: Hester Brown
Address: 80 West 126 St New York City
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 7 1950 (month) (day) (year)
Cemetery or crematory: Still Pond Md
Location: Still Pond Md
18. Funeral director: E A Fellows
Address: Still Pond Md
19. 4/7/50 (Date rec'd by registrar) 19..... E Kennard Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3 1950, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1950, to April 3 1950
and that I last saw h... alive on April 3rd 1950

Immediate cause of death	DURATION
Bronchial Pneumonia	3 days
Due to: Exposure	
Due to:	
Other conditions: Following Influenza	10 days

1952 (Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. P. Atwell M. D. or other
Address: Still Pond Date signed: 4/6/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 10 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04177

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
MARYLAND
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) George (Last) Heinefelt

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct 20/47

9. AGE last birthday: 2 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Chestertown

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Joseph Heinefelt

14. MOTHER'S MAIDEN NAME: Gertrude Burgheim Orfoot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: John J. Heinefelt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

480 X **Immediate cause** (a) Influenza, Gastro-Enteritis

Antecedent cause(s)

83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Palsy.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 4/5, 1950, to 4/13, 1950, that I last saw the deceased alive on 4/12, 1950, and that death occurred at 6.20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert G. Burgard M.D.
ADDRESS: Rock Hall Md
DATE SIGNED: 4/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4/15/50
NAME OF CEMETERY OR CREMATORY: St Johns
LOCATION (City, town, or county): Rock Hall
(State): Md.

DATE REC'D BY LOCAL REG.: 4/15/50
REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: Edgar L. Lane
ADDRESS: Church Hill Md.

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04178

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (In this place): 2½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Chestertown, Md.
STREET ADDRESS (If rural, give location): Rock Hall Road.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Jessup

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9-28-73

9. AGE Last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leather worker

10b. KIND OF BUSINESS OR INDUSTRY: his own small shop

11. BIRTHPLACE (State or foreign country): Kent County-Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George A. Jessup

14. MOTHER'S MAIDEN NAME: Maria Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular-renal disease — Interval Between Onset and Death: 6 months.

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1949, to 4-2-, 1950, that I last saw the deceased alive on 4-2-, 1950, and that death occurred at 11:25 a m., from the causes and on the date stated above.

SIGNATURE: A C Sick (Degree or title): M.D. ADDRESS: Chestertown, Maryland. DATE SIGNED: 4-2-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Apr. 4, 1950 | NAME OF CEMETERY OR CREMATORY: Saint Paul's Cem. | LOCATION (City, town, or county) (State): near - Chestertown Md.

DATE REC'D BY LOCAL REG.: April 3-1950 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

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RECEIVED
APR 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04179

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 500 Cannon St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown. Md
STREET ADDRESS (If rural, give location): 500 Cannon St

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) May (Last) Jones

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: May 21/1870
9. AGE last birthday: 79 yrs. — If under 1 year: Months 10, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed.
10b. KIND OF BUSINESS OR INDUSTRY: Paper hanger
11. BIRTHPLACE (State or foreign country): Kent Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Jaines
14. MOTHER'S MAIDEN NAME: Augusta May Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs Augusta East

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Heart Destroyed

Immediate cause (a) Self inflicted pistol shot in chest — Interval Between Onset and Death: sudden

976X Antecedent cause(s)

164c Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last (b) Mentally disturbed several years — 5 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. used a Target Pistol of 22 long Hertridge

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 19 Medical, 19 Attention, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Frank W Smith M.D. (Degree or title) Medical Examiner of Kent Co. ADDRESS: Chestertown DATE SIGNED: April 19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Apr 21/1950
NAME OF CEMETERY OR CREMATORY: Union Cemetery
LOCATION (City, town, or county) (State): Worton Kent Co. Maryland

DATE REC'D BY LOCAL REG.: April 21-1950
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Marvin V. Williams — Chestertown ADDRESS: Md

342V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04180

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent-Queen Annes County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown R.D.
STREET ADDRESS (If rural, give location): Trailla Farm

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	H.	McMahon		April	11	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	Widowed	Jan. 21, 1880	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Tenant)	Farm	Worchester Co. Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wrightson Edward McMahon	Junietta Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	—	Mrs. Cora Smith McMahon - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure

420.0 **Antecedent cause(s)**

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 8, 1950, to April 11, 1950, that I last saw the deceased alive on April 11, 1950, and that death occurred at 1:40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John R. Wearn		Box 83 Chestertown Md.	4-11-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 13, 1950	Chester Amity	Chestertown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 11-1950	Clara S. Barnes.	Marvin V. Williams	Chestertown, Md.

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RECEIVED
APR 13 1950
BUREAU V. S.

04181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton RR
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Still Pond
STREET ADDRESS (If rural, give location): Worton RR. Md

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Leonard (Last) Price
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 1st 1906
9. AGE last birthday: 43 yrs. If under 1 year: Months 5 Days 6 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: at 14 years. Cerebral Hem.
11. BIRTHPLACE (State or foreign country): near Stillpond
12. CITIZEN OF WHAT COUNTRY? Wsd
13. FATHER'S NAME: John F. Price
14. MOTHER'S MAIDEN NAME: Cora ~~Daughter~~ Dority
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Williams Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia ? — 4 days

Antecedent cause(s) — 491 83d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Cerebral Palsy age 14.
(c) II Paralysis following measles. age 14

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical Attention, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: Frank W. Lueth (Degree or title) Medical Advisor — ADDRESS: Chesterlawn. Md — DATE SIGNED: 4/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr 10/50 — NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery — LOCATION (City, town, or county) (State): Still Pond Md

DATE REC'D BY LOCAL REG.: 4/10/50 — REGISTRAR'S SIGNATURE: E Kennard Jones

24. FUNERAL DIRECTOR: B R Fellows — ADDRESS: Still Pond, Md.

OK 5/18/50 Dr.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1950
BUREAU U. S.

04182

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall Rural — LENGTH OF STAY (In this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Piney Neck	STREET ADDRESS (If rural, give location): Piney Neck

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/3/90 ~~4/4/92~~

9. AGE last birthday: 60 ~~58~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: building

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert C. Taylor

14. MOTHER'S MAIDEN NAME: Sarah Ogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 214-16-4536

17. INFORMANT: Sister Mildred Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute heart failure c̄ pulmonary Emphysema

421.4 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chron Endo-Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arthritis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/1, 1950, to 4/18, 1950, that I last saw the deceased alive on 4/17, 1950, and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE: Albert A. Burgard (Degree or title): M.D. ADDRESS: Rock Hall, Md DATE SIGNED: 4/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: April/20/50 NAME OF CEMETERY OR CREMATORY: Mt Carmel Cem. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: 4/18/50 REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: John A. Moran - Baltimore ADDRESS: Md.

30609

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SCIENCE
APR 20 1950
BUREAU U. S.

04183

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent ~~[illegible]~~ MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne's HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Flora (Middle) (Last) Wheatley
4. DATE OF DEATH (Month) April (Day) 20 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan 25, 1878
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper & practical nursing
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Frank Wheatley
14. MOTHER'S MAIDEN NAME: Elizabeth CONYER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr. Charles Wheatley, Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	17 days
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1950, to April 19, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 5 40 a m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Chestertown, Md. DATE SIGNED: April 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: APR. 23, 1950
NAME OF CEMETERY OR CREMATORY: CHESTER CEM.
LOCATION (City, town, or county): CHESTERTOWN (State): Md

DATE REC'D BY LOCAL REG.: April 21-1950
REGISTRAR'S SIGNATURE: Clara S. Barnes
24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS: CHESTERTOWN MARYLAND

76086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1950
BUREAU V. S.

04184

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; LENGTH OF STAY (In this place) all Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Morgnec- Millington R.D.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Morgnec; STREET ADDRESS (If rural, give location) Millington R.D.2

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) Woodland (Last)

4. DATE OF DEATH: (Month) (Day) (Year) April, 16, 1950 19

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 2, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Morgnec Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilson Woodland

14. MOTHER'S MAIDEN NAME: Rebecca Grooms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Eliza. Woodland-Millington, R.D.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Influenza - Pneumonia

480 Antecedent cause(s)

33a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Heart condition

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1950, to 4/16, 1950, that I last saw the deceased alive on 4/14, 1950, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

SIGNATURE: Albert A. Burgard (Degree or title) M.D. ADDRESS: Rockhall, Md DATE SIGNED: 4/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 18/50 | NAME OF CEMETERY OR CREMATORY: Morgnec Cemetery | LOCATION (City, town, or county) (State): Morgnec, Kent Co. Md.

DATE REC'D BY LOCAL REG.: April 18-1950 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams - Chestertown, Md. ADDRESS

566VV

RECEIVED
APR 20 1950
BUREAU V. B.